FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STA

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000070808 (9)

BA & AM INVESTMENTS INC.

FILED Feb 16 1998 8:00am Secretary of State

Principal Place of Business	Mailing Address	 _		811 80101 10111 00101 1011 1081
8480 S.W. 48TH STREET	8480 S.W. 48TH STREET			
MIAMI FL	MIAMI FL		DO NOT WRITE IN THIS	SPACE
			3. Date Incorporated or Qualified	, or NOL
			10/06/1993	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	[26]		65-0483026	Not Applicable
Suite, Apt. ₩, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22	27]			Fee Required
City & State 23	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	7 _{IP}	Country	8. This corporation owes or has paid the co	
24 25	l l i i i i	30	Personal Property Tax due June 30.	Yes No
9. Name and Address of Currer			10. Name and Address of New Registered	
COY, JUAN C		81 Name		
8480 S.W. 48TH STREET		82 Street Add	ress (P.O. Box Number is Not Acceptable)	
MIAMI FL				
		83		
		84 City		85 Zip Code
44 0			<u>FI</u>	
11. Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent, I am familiar with, and accept the oblig-	iz and 607.1508, Florida Statute of Florida. Such change was a ations of, Section 607.0505, Flor	is, the above-named corp uthorized by the corpora rida Statutes.	poration submits this statement for the purpose tion's board of directors. I hereby accept the ap	of changing its registered pointment as registered
SIGNATURE				
Signature, lyped by probled minute of regestered a p		Registered Agent signature requi		ID DIDEOTODO IN 40
12. OFFICERS AN	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME COY, JUAN C		1.2 NAME		C change E vocation
STREET ADDRESS 8480 S.W. 48TH ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33155		1.4 CITY - ST - ZIP		
TITLE VSD	DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME COY, LYNN T		2.2 NAME		
STREET ADDRESS 8480 S.W. 48TH ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL 33155		2. 4 CITY - ST - ZIP		
TITLE TD	☐ DELETE	3.1 TITLE		Change Addition
NAME COY, MARIA V		3.2 NAME		
STREET ADDRESS 9030 S.W. 48TH TERRACE		3.3 STREET ADDRESS		
CITY-SI-ZIP MIAMI FL 33165	- Contract	3.4. CITY-ST-ZIP		
TILE	☐ DELFTE	41 TITLE		☐ Change ☐ Addition
NAME		4. 2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP THILE	DELFTE	4.4 City-St-ZiP 5.1 Title		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this armual report or supplemental armual report is true and accurate and that my signature shall have the same legal effect as if made under cettify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing or on an attachment with an address.

SIGNATURE:

Juan C. Con

2-6-98

RE034 (10/97)